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		Application Number	09/904,122								
TRANS	MITTAL	Filing Date	7/13/01								
FC	RM	First Named Inventor	MARY C. FREDERICKSON								
(to be used for all correspondence after initial filing)		Group Art Unit	3643								
		Examiner Name	KURT C. ROWAN								
Total Number of Pages	in This Submission 3	Attorney Docket Number	0114								
ENCLOSURES (check all that apply)											
X Fee Transmittal Form X Fee Attached Amendment / Reply After Final Affidavits/declaration Extension of Time Request Express Abandonment Re Information Disclosure Stat Certified Copy of Priority Document(s) Response to Missing Part Incomplete Application Response to Missing under 37 CFR 1.52	petition Petition Petition Provisi Power Chang Addres Termin Reque tement CD, N Remarks	ng-related Papers n to Convert to a onal Application of Attorney, Revocation e of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences X Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): RECEIVED JUN 1 0 2003 GROUP 3600								
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Firm or Individual name H Signature Date	GORDON SHIELI	CATE OF MAILING									
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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

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Complete if Known								
Application Number	09/904,122							
Filing Date	7/13/01							
First Named Inventor	MARY C. FREDERICKSON							
Examiner Name	KURT C. ROWAN							
Group Art Unit	3643							
Attorney Docket No.	0114 RECEIVE							

METHOD OF PAYMENT				F	EE CALCULAT	ION (conti	nued)	N 1 0	2003
1 The Commissioner is hereby authorized to charge		3. ADDITIONAL FEES							
indicated fees and credit any overpayments to: Deposit Depo		Large		Small			3BC)I IP	36
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Account Name	105	130	205	65	Surcharge - late fili	_			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		50	227	25	Surcharge - late pro cover sheet	ovisional filing	g fee or	-	
Applicant claims small entity status.		130	139	130	Non-English specif	ication			
See 37 CFR 1.27		2,520	147	2,520	For filing a request	for ex parte	reexamina	stion	
2. X Payment Enclosed:		920*	112	920*	Requesting publica Examiner action	ation of SIR p	rior to		
Check Credit card Money Order Other		1,840*	113	1,840	* Requesting publica Examiner action	ation of SIR a	fter		
FEE CALCULATION		110	215	55	Extension for reply	within first n	nonth		
1. BASIC FILING FEE		390	216		Extension for reply	within secon	nd month		
Large Entity Small Entity Fee Fee Fee Fee Description	117	890	217		Extension for reply	within third r	month		
Code (\$) Code (\$) Fee Paid	118	1,390	218	695	Extension for reply	within fourth	month		
101 710 201 355 Utility filing fee	128	1,890	228	945	Extension for reply	within fifth m	nonth		
106 320 206 160 Design filing fee	119	310	219	155	Notice of Appeal			10	50.0d
107 490 207 245 Plant filing fee 108 710 208 355 Reissue filing fee	120	310	220	155	Filing a brief in sup	poort of an ap	peal		
	121		221	135	Request for oral he		•		
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition to institute	a public use	proceedin	g	
SUBTOTAL (1) (\$)	140	110	240	55	Petition to revive -	unavoidable		<u> </u>	
2. EXTRA CLAIM FEES		1,240	241	620	Petition to revive -	unintentional	i		
Fee from Extra Claims below Fee Paid	142	1,240	242	620	Utility issue fee (or	reissue)			
Total Claims -20** = X =	143	440	243	220	Design issue fee			-	
Independent - 3** = X = =	144	600	244	300	Plant issue fee				
Multiple Dependent =	122	130	122	130	Petitions to the Co	mmissioner		-	
	123	50	123	50	Processing fee un	der 37 CFR 1	l.17(q)		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126	180	126	180	Submission of Info	rmation Disc	losure Str	nt 📙	
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581	40	581	40	Recording each pa property (times no				
102 80 202 40 Independent claims in excess of 3	146	710	246	355	Filing a submission		ejection		
104 270 204 135 Multiple dependent claim, if not paid				255	(37 ČFR § 1.129(- ha	-	
109 80 209 40 ** Reissue independent claims over original patent	149	710	249	355	For each addition examined (37 CF			-	
110 18 210 9 ** Reissue claims in excess of 20	179	710	279	355	Request for Contir	nued Examina	ation (RCE	•	
and over original patent	169	900	169	900	Request for exped of a design applic		ation	<u> </u>	
SUBTOTAL (2) (\$)		Other fee (specify)				 _			
**or number previously paid. if greater: For Reissues, see above	•Re	duced t	oy Bas	ic Filin	g Fee Paid S	UBTOTAL	(3) (\$)		160.00
SUBMITTED BY Complete (if applicable)									
Name (Print/Type) H. GORDON SHIELDS		Regist			23,099	Telephone	(602)	995-	0490
II. CONDON DITTELLOO		(Attorne	<i>≥y/Age/</i>	11)					-

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